



HEALTH PROMOTION NAVAL RESERVE

Training Opportunity



Questions frequently arise regarding courses and continuing education for Reservists. Often times we are not aware of the numerous opportunities for continuing education and training for Reservists specifically interested in Health Promotion. The focus of this edition is dedicated to identifying some of the conferences and training courses available to the Reserve community.

Conferences

The 42nd NEHC Occupational Health and Preventive Medicine Workshop will be held in Chesapeake, Virginia from 14-22 March, 2002.

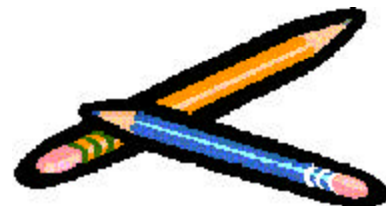
This conference will focus on basic skills and training targeted toward IDCs, PMTs, and any Health Promotion Coordinators or Directors. Courses such as the Health Promotion Basics course, the American Red Cross HIV/AIDS Fundamentals Instructor Course, Fundamentals of HIV-STD Prevention Counseling, American Cancer Society Tobacco Cessation Instructor course, and Suicide Prevention training will be offered. Additional training sessions will include such topics as Physical Conditioning in Confined Spaces, Sports Injury Prevention, Preventive Health Assessment (PHA), and a Population Health Naval Service (PH-NS) Computer Demonstration. A Navy Health Promotion General Session is also scheduled for those Navy Health Promotion Coordinators who are attending the workshop. The advance program, with the full workshop agenda, will be posted on the NEHC Workshop Homepage at <http://www-nehc.med.navy.mil> by

mid-November with online registration to begin 1 December 2001. Reservists are invited and encouraged to attend. Continuing education credits are offered.

The 2nd DoD Health Promotion and Population Health Conference, coordinated by US Army Center for Health Promotion and Preventive Medicine (CHPPM), is scheduled for 9-16 August 2002 in Baltimore, Maryland.

This conference will include DoD and national speakers. It will provide a much broader Health Promotion and Population Health training experience for all DoD Health Promotion and Population Health staff. Continuing education credits are offered. Details regarding this conference will be passed along through the Friday Facts and on the NEHC Health Promotion Training & Conferences Homepage – <http://www-nehc.med.navy.mil/hp/tc/index.htm>

POC for these conferences is Ms. Sally Vickers. She can be contacted via email at: vickerss@nehc.med.navy.mil or by phone at 757-462-5571 (comm).



Courses

The following are a few of the courses that are available to Reservists. Additional courses that are specific to program elements such as Tobacco Cessation and those addressing sexual health issues are also available. Specific information on the courses can be found online at: <http://www-nehc.med.navy.mil/hp/tc/index.htm>.



Health Promotion Director Training and Certification Course

This week long course, offered twice a year through NEHC, was developed by the Cooper Institute for Aerobics Research, Dallas, Texas and is facilitated by Cooper instructors. It trains participants to create customized health promotion programs for a target population/organization. Content areas include: Determining Needs & Interests, Building Program Identity, Developing a Business Plan, Assessing Resources, Budgets, Evaluating Program Effectiveness, as well as specific information on program components. Certification as a Health Promotion Director is issued upon successful completion of the course and passing the written exam. Continuing education credits are offered.

Dates & Location: Spring/Fall alternating between East and West coasts. The next course is 29 April – 3 May 2002 in San Diego, CA. The BUMED message announcing this course will be released by mid-January.

Quota Availability: Priority quotas are given to Health Promotion staff at the Medical Treatment Facilities (MTFs), Semper Fit Coordinators, and to individuals assigned as Health Promotion Coordinators at fleet commands (Active-duty E-7 and above, or DoD Civilians GS-9 and above). Reserve billets are available. Attendance at this course fulfills the training requirement for the Force Commander Annual Health Promotion Unit Award (“Green H” award).

POC: Sally Vickers, Training Program Manager, NEHC at 757-462-5571 or email: vickerss@nehc.med.navy.mil. Call or write Lynn Klanchar 757-462-5486 or klancharl@nehc.med.navy.mil for information regarding seats for SELRES.

Health Promotion Basics Course

The Health Promotion Basics Course is a two-day course developed by the Navy Environmental Health Center for individuals at Navy commands who have been given responsibility for planning, implementing, and evaluating an effective command Health Promotion Program. This course is a shortened version of the Health Promotion Director Course, but it does not offer certification.

Dates & Location: Various. Refer to website for date and location nearest you. <http://www-nehc.med.navy.mil/hp/tc/basics.htm>.

*This 2 day course will be offered at the The 42nd NEHC Occupational Health and Preventive Medicine Workshop (Chesapeake, Virginia) Friday and Saturday, 15 – 16 March, 2002. To register online, go to <http://www-nehc.med.navy.mil/workshop2002/adv2002.htm>, beginning 1 December 2001.

Quota Availability: While there is no rank or GS pay grade requirement, the target audience is the E-5 through E-8 enlisted, or lower ranked officers (O-1 through O-3) who are either not eligible or are unable to attend the Health Promotion Director Training and Certification Course. Attendance at this course fulfills the training requirement for the Force Commander Annual Health Promotion Unit Award (“Green H”).

Courses Continue...

POC: Sally Vickers, Training Program Manager, NEHC at 757-462-5571 or email: vickerss@nehc.med.navy.mil.

Health Promotion at the Deckplates

Health Promotion at the Deckplates is a three day course developed by NMC San Diego. The course gives a comprehensive overview of important health promotion issues facing today's Navy and Marine Corps, and equips participants to deliver effective training at their worksites. At the conclusion of the course, the participants will be able to:

- Describe the scope and importance of Health Promotion in the U.S. Navy
- Understand the Stages of Change model and apply it to Health Promotion programs
- Deliver approximately 15 Health Promotion presentations suitable for General Military Training (GMT), stand-downs, or other command programs
- Lead skill-building classes for tobacco cessation, weight management, cholesterol control, and hypertension management

There is no registration fee for the workshop but command's are responsible for participant's travel and per diem expenses.

Dates:

12-14 Mar 02; 27-29 Aug 02

Location:

The courses are held at the Club Coronado, Naval Amphibious Base (Coronado). The BOQ is located adjacent to the club. Those attending the course, should call the BOQ (now called the BOH) at (619) 437-3860 or the BEQ at (619) 437-3496 for billeting reservations.

Quota Availability: Quotas are open to active duty and reservist. It is first come-first served reservations. Class quota: 75.

POCs: Marion Barrett at (619) 532-6846/ email: mlbarrett@nmcsd.med.navy.mil. Or Monique Beauchamp at (619) 532-5455/ email: Mbeauchamp@nmcsd.med.navy.mil

Health Promotion Resources

HOOAH 4 Health - United States Army

Judith S. Harris, BSN, MA, Health Educator, Directorate of Health Promotion and Wellness, USACHPPM

"HOOAH 4 Health" (www.hooah4health.com) is an interactive, web-based, comprehensive health promotion program. It was designed and developed for the Army Reserve Components and is the product of a full partnership of the Office of the Surgeon General (OTSG), USACHPPM, the Office of the Chief, Army Reserve (OCAR), and the Army National Guard (ARNG) Surgeon's Office. Site development is complete, although continuous updating is ongoing. A correspondence course has been developed, the "HOOAH Challenge," in conjunction with the AMEDD Center and School, to allow reservists to earn retirement points for using the site. Since active marketing of the site began in November 2000, use of the site has been extensive, rising from 90,906 hits in November 2000 to 313, 613 hits in August 2001. Within 24 hours of the 11 September 2001 terrorist attacks, a special page went up on the site to provide information and links. It has now been expanded to provide continuously updated deployment information for reservists and their families.

Resources continue..

Needs Assessment and Health Risk Appraisal

CDR Betty Kole, NC, USNR and Lynn Klanchar, RN, MS (CAPT, NC, USNR)

Confusion often exists surrounding the terms “needs assessment” and “health risk appraisal”. It may be a helpful exercise to define these words and to stimulate a discussion about conducting a needs assessment and the use of a health risk appraisal tool to plan and improve Reserve Health Promotion Programs.

Needs assessment is a vital step in the program planning process. Conducting a “needs assessment” simply means gathering useful information and collecting data necessary to plan and design a program for a population. First, you must define your target audience. For example, are you planning a program for a REDCOM? a Fleet Hospital? a Reserve Center? or a Detachment Unit of a Naval Hospital? The needs assessment will help you identify: What is the demographic makeup of your target group? What are the health habits and health risks of your target group? What Health Promotion (HP) topics and screenings are individuals in your target group interested in? Where do individuals in your target group currently go for HP information, programs and services? Needs assessments ideally include data from a variety of information sources including: pre-existing databases, written or electronic questionnaires such as health risk appraisals, interest surveys, results of focus groups and key leader interviews. Summarizing and sharing the results of the needs assessment with leadership, with

your target population, and then using the information to develop an annual HP Program plan are the major reasons for conducting a needs assessment.

Health risk appraisal (HRA) or assessment is a generic term that refers to any tools, surveys or instruments that identify health needs or risks of the individual, but also gives group data for the population. HRA can be helpful on two counts: to manage the health of the individual, and for health promotion planning for a population. HRA tools are popular strategies used in worksite health promotion programs because they provide information and action-oriented feedback both to the organization and to the individual. Aggregate or group information is useful data for a needs assessment and a personalized report and educational message helps identify which health behaviors need most attention for that individual. Most HRA tools use computer software to analyze and report health risks. A HRA questionnaire may include self-reported health behaviors, assessment of readiness to change, personal/family health history, biomedical screening data, and a computation of risk. HRA can be helpful in assessing an individual’s health risk, but they do not take the place of complete medical histories or

physical examinations.

DoD and the Military Health System have used a few health risk appraisals over the years. The Army had “Fit to Win”, a 75 question pencil and paper tool, requiring computer software and hardware for analysis. It was morbidity based and contained mostly self-reported information. In 1997, TRICARE policy mandated the use of the “Health Enrollment/Evaluation Assessment Review” or HEAR for TRICARE “Prime” patients. The HEAR comes in paper (1.3) and an electronic version (2.1), part of a software called Preventive Health Care Application (PHCA). “Prime” meant active duty members and enrolled family members eligible for medical care. Therefore, this tool is not currently available to SELRES members. There has also been multiple problems with the HEAR implementation and reporting process. It is not currently being used to its full potential. The “DoD Survey of Health Related Behaviors Among Military Personnel” is another source of information about the health risks in the military population. The survey is conducted about every three years. A contracted research team administers this self-reported questionnaire to a sample of active duty members. To date, SELRES members have not been included in this survey.

Health risk appraisals or self-reporting tools (SRT) continue to be a hot issue for the DoD. There is a

SRT committee that is continuing to study such instruments. On the horizon, is a stand-alone electronic HEAR, and a HEAR as a module in a software system called Population Health-Naval Services (PH-NS , pronounced “Fins”). Other groups are working on a web-based health risk appraisal for the fleet. All of these tools hold promise for future use by the reserve force in assessing health status and health risks, and also for planning health promotion programs. Until then, what can we do if there is not a good or standardized HRA available? What tools should we use in conducting a needs assessment?

First recommendation is to use existing data! Every SELRES has a medical and dental record and a Physical Readiness Test (PRT) folder. Medical, dental and physical readiness are a part of overall readiness and are tracked by the medical department representative (MDR), Command Fitness Leader (CFL) or PRT coordinator at your reserve center. Work with these individuals or the medical staff who perform short and long form physical exams and PRT screening. Review records for data on tobacco use rates, height, weight, blood pressure, cholesterol screening, immunization rates and so on. Utilizing available data can offer you a broad overview of your target population. The Physical Readiness Information Management System (PRIMS) database can offer some demographics, as well as data for PRT weigh in results, sedentary lifestyles, physical fitness and tobacco use. If you are not familiar with this database, consult

your CFL for assistance with obtaining summary data from the Cardiovascular Risk Screening Questionnaire.

Next, interview the leaders of your unit or command. What are their expectations about a health promotion program? Conduct focus groups with sub-populations in your reserve unit. Are officers interested in different health topics than enlisted members? How will you provide health promotion programming to flex-drillers when you see them only twice a year?

If you and your HP committee decide to offer a HRA survey, you should do some research first. There are many commercial tools available, computerized and otherwise. A non-computerized questionnaire may involve many man-hours calculating data via the “stubby pencil” method, unless you have access to the hardware and software necessary for a more formal computerized version. Remember, a health risk appraisal does not have to be more than a few well-chosen questions that can offer great insight into the needs of your community. If you do choose a written survey, consider the time you choose to offer the assessment. Optimal times might be command orientation for incoming Reservists, physical exams or on PRT cycles at the unit level. Consider a mail out survey that can be included in unit POMs and returned the following month. Implementing surveys during these events may become routine and thus an ongoing source of data for your program. If you are interested in

reading more about assessments, we recommend the following sites online:

The Population Health/Clinical Epidemiology Home page at: <http://www-nehc.med.navy.mil/hp/pophealth/index.htm>. Click on “Links” on the left side of the page and go to, “Behavioral Risk Factor Surveillance System” on the Centers for Disease Control and Prevention website. The BRFSS is a telephone survey tool used to track health risks among Americans.

The University of Northern British Columbia has some excellent web-based course material including this page at: <http://quarles.unbc.edu/nursing/nrs307/needsass.htm>. This is a basic primer on needs assessments and is an excellent review for those CHPDs in the field.

The University of Michigan, Health Management Research Center at <http://www.umich.edu/~hmrc/healthasse.html>. offers a sampling of health assessments to covers various age groups and populations.

The Texas Department of Health “Put Prevention into Practice” (PPIP) website offers several Health Risk Profiles and Preventive Care Flow Sheets for you to review. You can view them on the TDH website at: <http://www.tdh.state.tx.us/ppip/download/index.htm>.



MED 07 Welcomes New Department Head

Welcome Aboard to LCDR Michelle Dunsmore who reported to BUMED on Sept 17, 2001. She follows the footsteps of LCDR Margo Villanova as the Medical Readiness and Health Promotion Department Head of MED 07 Reserve Force Integration. LCDR Dunsmore was on active duty for 4 years at NMC San Diego and U.S. Naval Hospital Guam. She has served in the Reserves for six years in Brunswick, Maine and Fort Worth, Texas. LCDR Dunsmore left her civilian job in Fort Worth running two public health clinics to accept this three year recall to BUMED. It was an opportunity she felt she could not pass up. Please feel free to contact LCDR Dunsmore at 202-762-3416 or via e-mail at MEDunsmore@US.MED.NAVY.MIL.

Websites on Reserve Rediness and Mobilization Issues

Mobilization is something that we prepare for in the Reserves, but we never think it will happen. Due to the recent world events, over 7,800 Naval Reservists have been mobilized. Here are some online resources available to everyone that offer information on mobilization. Thanks to LCDR Michelle Dunsmore for her input.

Fleet and Family Support: <http://www.persnet.navy.mil/pers66/ffscdirnew.htm>

Guard & Reserve Family Readiness Programs Toolkit: <http://www.defenselink.mil/ra/family/toolkit/>

Department of Labor, Veterans' Employment and Training Service: <http://www.dol.gov/dol/vets/>

Employer Support for the Guard and Reserve: <http://www.esgr.org/>



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